SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AS FILED AFTER
2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. INC. DEP. IND. DEP. IND. DEP. (1) δ9 8 TOTAL TOTAL DEP. TOTAL. 00.500 WAY BE USED FOR ADDITIONAL GLAIMS OR AND ADDITIONS FRUME AND THE DEPARTMENT OF COMMERCE